ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 01 Issue 05 February 2001



Message from the Chief





(2LT Jennifer Diaz , BG Bill Bester, and COL(Ret) Margaret Bailey cut the cake)

I would like to take this opportunity to wish each and everyone of you a happy 100th Army Nurse Corps birthday. I think everyone looks pretty doggone good for 100!! Being a member of the Army Nurse Corps during this year of centennial celebration makes it even more special to be a part of this great family of ours. The Army Nurse Corps has a truly rich and proud history of which we should all be most proud. This past week, we celebrated our 100th Anniversary in the



(CPT Bob Gahol AND COL Deb Gustke our MCs for the evening)

Washington D.C. area. It was a tremendous success and a credit to all the hard work and dedication of the 100th Anniversary Committee. The evening was filled with fine remembrances of those who have gone before us and of those who care for our great soldiers today. Many friends from our past were there to share this great event with us. It was a wonderful sight to see the camaraderie and friendships being renewed throughout the evening. General (Ret) Gordon Sullivan and Lieutenant General James Peake both made touching and heartfelt remarks regarding their experiences with Army Nurses and reminding us of the great responsibility that we have in caring for our soldiers and their families.

Celebrations of the magnitude we enjoyed on 2 February are a direct result of months of hard work, planning and dedication of a relatively few people. I would like to give special thanks to the 100th Anniversary Committee members who worked so hard and so vigorously over the past six months. I would like to extend a very special thanks to Colonel George Nussbaum, Lieutenant Colonel Margaret Bates and Major Debbie Cox – the leadership team that set the course for the planning of this event and followed it through every step of the way to fruition. And a very, very special thanks to two outstanding and dedicated retired Army Nurse Corps officers –Brigadier General (Ret) Connie Slewitzke and Colonel (Ret) Betty Antilla. Without their counsel, guidance, direction and endless energy, it would not have been possible to present an event of such high quality. We thank them both and we thank George, Margaret and Debbie for everything they did to make



(Flag presented to BG Bester. This flag was flown over the capital in honor of the Army Nurse Corps 100th Anniversary)

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the 100th Anniversary an event many will remember for some years to come.

nurses like yourself will be there to care for them, wherever and whenever we are needed.

As I begin my travels to Korea, Tripler and Madigan, and as Colonel Gustke begins her travels to Europe, we want to wish each of you the very best as you celebrate the 100th Anniversary of this great professional Nursing organization in your own way and in a variety of locations worldwide. The Army is extremely proud of this family we call the ANC and our soldiers are very comfortable in knowing that professional

Happy Anniversary Bill Bester Brigadier General, AN Chief, Army Nurse Corps

PERSCOM

Upcoming chief nurse assignments will be published in this newsletter next month. The chief nurse selections were identified from the Chief Nurse Advisory Board held in September, 2000. Those selected were matched against vacancies and then sent to BG Bester for approval, MTF commanders and finally the surgeon general as the final approving authority.

A new position, Ambulatory Nursing Consultant to the Surgeon General, will be approved by March 01. The Chief of the Army Nurse Corps and ultimately the Surgeon General must approve the recommended officer.

The Officer Distribution Conference (ODP) was conducted 16-17 January, 2001 at PERSCOM. The Regional Medical Command Chief Nurses, FORSCOM, MEDCOM, and each AN branch manager participated in the allocation of AOC shortages. This is always a stressful time for both PERSCOM and those in the field but everyone involved provided valuable input and assistance in making these difficult decisions. The ODP process continues and the document now flows to OTSG; then to the RMCs (for business plan updates); returned to OTSG for approval of the Surgeon General, and the final document returned to PERSCOM for assignment of officers. However, AN Branch will continue with the process of summer assignments and work with each officer and chief nurse in attempting to meet the needs of the officers, and the mission of the Army.

Upcoming FY 01 Boards see PERSCOM ON LINE @ www.perscom.army.mil

13-23 Feb 01 - LTC & MAJ SELCON 10-20 Apr 01 - CPT AMEDD & VI 5-22 Jun 01 - Senior Service College

10-20 Jul 01 - COL & RA Selection

10-27 Jul 01 - Command & General Staff College

Army Nurse Corps Branch Web Page

The following information is available through the Army Nurse Corps Branch Web Page: LTHET Guidelines, the Army Nurse Corps Lifecycle Model, White House, Congressional and Training With Industry (TWI) Fellowships and other important 'personnel' types of information. You may access our web page through PERSCOM ON LINE, through the Army Nurse Corps Homepage or through direct access. The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm

Correct Address on Your ORB

As frequently mentioned in this newsletter and during AN Branch briefings, officers are again reminded of the critical importance of updating the home address on your ORB. The Army and Army Nurse Corps Branch send critically important information to our officers. Recently, we sent letters to all officers in the zone of consideration for promotion to LTC. The officers who do not have correct addresses on the ORB will not receive these letters. Please take a moment to stop by your PAC/PSB and ensure you have updated your address.

E-mail addresses may now be included in the ORB. Please provide only the appropriate e-mail addresses in your record.

LTHET Guidelines

The LTHET Selection Board for 2002 convenes July 2001. The 2002 LTHET Guidelines for MSN/Ph.D., Baylor and Anesthesia Nursing are now on the AN Branch, PERSCOM web site at the following addresses:

Anesthesia: www.perscom.army.mil/ophsdan/defaultanesth.htm
Baylor HCA: www.perscom.army.mil/ophsdan/defaultmsn.htm
www.perscom.army.mil/ophsdan/defaultmsn.htm

Officers applying to begin school in the fall of 2002 may begin the application process at any time. However, **meeting the following deadlines is critical to the LTHET application process**:

15 March 2001 Waiver requests due to AN Branch

15 April 2001 Transcripts sent to Baylor University for Baylor HCA applicants

01 May 2001	USUHS applications due to USUHS for FNP and Anesthesia applicants
01 June 2001	UTHHSC applications due to UTHHSC for Anesthesia applicants
01 June 2001	LTHET application due to AN Branch, PERSCOM

For questions related to the LTHET process, contact your local Hospital Education Chief or the Education Management Officer at AN Branch, PERSCOM, MAJ (P) Grimes at 703-325-3693, DSN 221-3693 or email grimess@hoffman.army.mil

KUDOS to All Officers Going to School Part Time

We at AN Branch recognize the amount of hard work, dedication, and initiative it takes to pursue your master's degree on a part time basis, while working full time as an Army Nurse Corps officer. Your efforts contribute to making the Army Nurse Corps one of the most highly educated groups of nurses in the country. Please contact your PMO, via e-mail, to let us know about your program of study. This is especially important if you are pursuing graduate work that may lead to changing your AOC/ASI. We need this information so we can work with you to plan for your future assignments, especially if you expect to be assigned in a different AOC/ASI in the future.

Tuition Assistance (TA)

Tuition Assistance (TA) is offered through the Army Continuing Education System. This is a wonderful benefit for those motivated AN officers pursuing additional education. If you elect to take advantage of this program, remember there is a two-year active duty service obligation incurred with the use of TA. This is agreed upon when you sign DA Form 2171 (Application for Tuition Assistance). AR 621-5 states "Commissioned officers must agree to remain on active duty for at least 2 years after completion of the course for which TA is provided unless involuntarily separated by the Army before that time (10 USC 2007). Officers who fail to meet this requirement because they voluntarily separate or are discharged for misconduct before they complete their service TA commitment are required to reimburse the Army the amount of TA that represents the unserved portion of the 2-year obligation as agreed upon by signing the DA Form 2171 (Application for Tuition Assistance--Army Continuing Education System)". Currently, officers are being held to the two-year active duty service obligation and not given the option to reimburse the government for monies received.

AN Branch Courses

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MAJ (P) Grimes, AN Branch, manages seating in the following courses. Officers may not register themselves for these courses. Registration must come through the Chief Nurse (CN) or Hospital Education Chief's office.

6F-F3	AMEDD Head Nurse Leader Development Course (HNLDC) (SA, TX)
	(next available courses are 1 – 13 April 2001; 10 – 22 Jun 01; 12 – 24 Aug 01)
	* CN or Hospital Education Chief may register officers by email with name/rank/SSN
6F-F2	AMEDD Advanced Nurse Leadership Course (ANLC) (SA, TX)
	(next available courses are $6-18$ May 01 ; $16-28$ Sep 01) (Field grade officers only)
	* CN or Hospital Education Chief may register officers by email with name/rank/SSN
6A-C4	Combat Casualty Course (C4) (FSH, TX)
	(next available courses are $1 - 9 \text{ Mar } 01; 22 - 30 \text{ Mar } 01; 5 - 13 \text{ Apr } 01$)
	* CN or Hospital Education Chief may register officers by email with name/rank/SSN
6A-C4A	Combat Casualty Management (FSH, TX)
	(next available courses are 22 – 29 Jun 01 & 26 Oct – 02 Nov 01)
	*PLEASE NOTE – THESE ARE REVISED DATES
	* CN or Hospital Education Chief may register officers by email with name/rank/SSN
6H-F26	Med Defense Against Biological/Warfare & Infectious Disease (FT Detrick,
	MD) (next available class is 9 March 01 – 12 March 01; take with 6H-F25 and
	04 May – 07 May 01; take with 6H-F25)
	** DA 3838 required NLT 45 before the start of the course
6H-F25	Med Management of Chemical Casualties (USAMRICD, MD)
	(next available class is 12 March 01 – 16 Mar 01; take with 6H-F26
	and 07 May 01 – 11 May 01; take with 6H-F26)
	** DA 3838 required NLT 45 days before the start of the course
DNWS-R004	Radiological Hazards Training Course (Kirkland AFB, NM)
	(see course dates below)

Contact MAJ(P) Grimes for questions at DSN 221-3693 or commercial 703-325-3693 or email Grimess@hoffman.army.mil

Radiological Hazards Training Course

Class dates for the Radiological Hazards Training Course, held at Kirkland AFB, NM, are as follows:

Class #	Report Date	Start Date	End Date	Seats per class
002	16 Sep 01	17 Sep 01	21 Sep 01	7

A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. To be eligible for the course, applicants are required to have a "Secret" security clearance. POC at AN Branch is MAJ(P) Grimes at DSN 221-3693.

FY 2002 White House Fellowship

Applications due 7 September 2001

The President's Commission on White House Fellows annually selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans some first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 years follow-on assignment; have no adverse actions pending, meet army height/weight and PT requirements; be PCS vulnerable; completion of Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have an outstanding performance record.

Application Packet: (DUE IN AN BRANCH NLT 7 SEPTEMBER 2001)

- 1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ Grimes, 200 Stovall ST., Alexandria, VA 22332-0417
- 2. Current curriculum vitae (CV)
- 3. Letter of recommendation from Chief Nurse
- 4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
- 5. Officers applying must have a current digital photo and college transcripts on file at AN Branch.

MAJ(P) Steven Grimes is the POC for this fellowship and may be reached at DSN 221-3693, commercial 703-325-3693 or email Grimess@hoffman.army.mil

FY 2002 CONGRESSIONAL FELLOWSHIP Applications due 7 September 2001

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows will begin the fellowship by attending the Force Integration Course held at Fort Belvoir, Virginia from August to December 2002. Fellows typically serve as staff assistants to members of Congress. Fellows are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing members for committee deliberations and floor debate. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC.

Application Packet: (DUE TO AN BRANCH NLT **7 SEPTEMBER 2001**)

- 1. Competed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
- 2. Current curriculum vitae (CV)
- 3. Letter of recommendation from Chief Nurse
- 4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
- 5. Officers applying must have a current digital photo and official college transcript on file at AN Branch.

MAJ(P) Grimes is the POC for this fellowship and may be reached at DSN 221-3693 or commercial 703-325-3693 or email at grimess@hoffman.army.mil

FY 2002 TRAINING WITH INDUSTRY (TWI)

Applications due: 7 September 2001

Two qualified officers will be selected for the FY 2002 Training With Industry Fellowship. These officers will get firsthand experience in the private sector, while gaining managerial techniques and skills for application in the AMEDD. All programs are graduate-level and non-degree producing. Selected officers will begin their fellowship late summer of 2002 and then complete a follow-on utilization tour beginning the summer of 2003. The TWI fellowship will not exceed 12 months in length. Applicants incur an active duty service obligation (ADSO) of three years for the first year of training or any portion of the training.

Following are the two **projected** TWI sites for FY 2002. TWI opportunities are open to all AOC/ASI's.

Healthcare Finance Administration (HCFA), Baltimore, Maryland Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record.

Application Process:

- 1. The interested officer requests and receives permission to apply from their Chief Nurse and their Personnel Management Officer (PMO), AN Branch, PERSCOM.
- 2. Officer submits an application packet **NLT 7 September 2001** that includes:
 - a. The completed DA FORM 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command.
 - b. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander.
 - c. Current curriculum vitae (CV)
 - d. Letter of recommendation from the Chief Nurse
 - e. Statement of professional goals and objectives from the officer
 - f. Signed ORB (obtain from your local PAC, review, then forward with your packet)
 - g. Completed DA Form 1618-R
- 3. Officer must have a current digital photo and BSN and Masters transcripts on file at AN Branch, PERSCOM.
- 4. The PMO's in AN Branch will screen the application for competitiveness and suitability for the program, after which the application will be reviewed with the Chief, Army Nurse Corps for final selection and approval of the TWI participants. Applicants, once approved, will have a contract established with the civilian organization.
- 5. Mail the completed application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN, RM 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria, VA 22332-0417
- 6. POC for the TWI Fellowships is MAJ(P) Steven Grimes, Education Management Officer, AN Branch, PERSCOM at DSN 221-3693 or commercial 703-325-3693 or email at grimess@hoffman.army.mil

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Captain's Website

A "Captain Retention" Website has recently been loaded onto PERSCOM ON LINE. The Website has been developed and written by Captains assigned to PERSCOM and contains information of interest to and specific for Captains. You may find that some of the information does not apply to you as an ANC officer but please take a minute to review this interesting website. It is located at: http://www.perscom.army.mil/OPcptRet/homepage1.htm

Officer Advanced Course

Officers need to have completed OAC before being seen by the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY01. Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
021	25 Mar 01	26 Mar 01	01 Jun 01
031	15 Jul 01	16 Jul 01	21 Sep 01
041	30 Sep 01	01 Oct 01	13 Dec 01

Please send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Eckert** at **DSN 221-2392**, comm **703-325-2392**. Respective POCs for specific ATRRS and class related questions are:

CGSC by Reserves—Ms Jennifer West **DSN 221-3159** CAS3 by Reserves—Ms Susan Geisler **DSN 221-316**

CAS 3 Information on Line

Information for the Reserve Component (RC) CAS3 can be found on PERSCOM ON LINE. The web address is www-perscom.army.mil. Use the SEARCH option listed in the main menu and type in RC-CAS3, press enter. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Ms. Susan Geis ler (DSN 221-3161) is an additional POC for specific questions relating to CAS3. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

CGSC Information on Line

Information for CGSC and CAS3 can be found on line. The web address is www-cgsc.army.mil.

Ms. Jennifer West (DSN 221-3159) is an additional POC for specific questions relating to CGSC. Please do not attempt to register on-line. Registration for CAS 3 and CGSC must be processed through your respective local training chain of command. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

Generic Course Guarantee

Thanks to all chief nurses, section supervisors, head nurses and nursing education personnel who assist officers with the Generic Course Guarantee (GCG) in specifying the course they would like to attend. Specification by the officer is to be done within the first year on active duty. Additionally, I will continue to send out quarterly reminders to chief nurses on officers with outstanding GCG specifications. This reminder will state when the officer needs to specify their course and the time frame in which the officer needs to attend the course. Chief nurses must be proactive and plan for course attendance for these officers (which in many cases will mean a loss of that officer to the organization). However, AN Branch reserves the right to direct officers to courses based on the availability of class seats and Army Nurse Corps needs. If you have any questions, please call LTC Charly Hough at (703) 325-2398 or DSN 221-2398 or e-mail at houghc@hoffman.army.mil.

Additionally, there have been questions concerning what constitutes a course packet for those officers with Generic Course Guarantees. The officer with a Generic Course Guarantee must specify within the first year on active duty which course he or she would like to attend (OB-GYN, Psychiatric, Perioperative, Critical Care). If an officer does not wish to specify a course, he/she may decline the Generic Course Guarantee. In no way is this construed as detrimental to an officer's career. At the time of specification a memorandum (statement of course preference) may be faxed or mailed to LTC Hough at AN branch. The officer must attend the specified course with at least one year remaining of their obligation. In other words, if an officer has a 4-year obligation, the course must be completed by the end of the third year to allow for one year remaining on active duty. The course packet consists of a DA 3838 with appropriate HT/WT/APFT data in remarks section and a DA 438 (preference statement). When applying for a course, always seek guidance from your MTF nursing education department or chain of command.

AOC/ASI Producing Courses

We have had tremendous response from folks applying to our AOC/SSI producing courses, particularly to the Critical Care, OB-GYN and the Perioperative Nursing course. Keep up the great work! However, the Psychiatric/Mental Health Course has not had the same level of enthusiastic response. If you would like to experience psychiatric nursing you are encouraged to apply for this 6 month long course held at DDEAMC, Fort Gordon, Georgia. We are still looking for a "few good nurses" to attend our AOC/ASI producing courses! Please contact your Chief of Hospital/Nursing Education ASAP if you are interested in attending any of these courses.

We have changed a few things in AN Branch in order to streamline operations!! Continue to send your applications to AN Branch but send to attention of the following Personnel Management Officers (PMOs). LTC Ted Eckert, 66E & 66F PMO, will manage the Perioperative Nursing Course. LTC Angela Ross, 66H8F, 66H8G & 66C PMO is the point of contact for the Psychiatric Nursing, OB/GYN, and Community Health Nursing Courses. LTC Charly Hough, 66H (LT) is the new point of contact for the Critical Care Nursing Courses and the Emergency Nursing Courses. Please note that even if an application lands on the wrong desk, we will ensure it gets to the right staff officer for processing.

AOC/ASI COURSE	LOCATION	REPORT	START	END DATE	APPLY BY
		DATE	DATE		
Critical Care Nursing	WRAMC	25 MAR 01	26 MAR 01	17 JUL 01	13 NOV 00
	BAMC	1 APR 01	2 APR 01	24 JUL 01	13 NOV 00
	MAMC	15 APR 01	16 APR 01	7 AUG 01	13 NOV 00
	BAMC	25 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	MAMC	25 AUG 01	27AUG 01	21 DEC 01	19 MAR 01
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
Emergency Nursing	BAMC	1 APR 01	2 APR 01	24 JUL 01	13 NOV 00
	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
Psychiatric-Mental	DDEAMC	7 JAN 01	8 JAN 01	8 JUN 01	CLOSED
Health Nurse					
	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	25 APR 01
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02
OB/GYN Nursing	TAMC	15 APR 01	16 APR 01	3 AUG 01	13 NOV 00
		26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
Perioperative Nursing	MAMC	7 JAN 01	8 JAN 01	27 APR 01	FILLED
	WBAMC	4 MAR 01	5 MAR 01	22 JUN 01	27 NOV 00
	BAMC	1 APR 01	2 APR 01	24 JUL 01	27 NOV 00
	MAMC	20 MAY 01	21 MAY 01	14 SEP 01	11 DEC 00
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	19 MAR 01
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01

Just a friendly reminder, if you are interested in attending the next Critical Care course (BAMC, MAMC, WRAMC), the Emergency Nursing course (BAMC) or the OB-GYN Nursing course (TAMC), (See table above), the suspense for course applications to AN branch is 19 Mar 01. The suspense for the Perioperative nursing course applications to AN branch is 11 Dec 00.

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to Medical Centers or large, busy MEDDACs as their follow on assignment.

Naturally, it is always our goal to match up personal preferences, however, sometime that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course. Preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

Assignment Opportunities for 66H Lieutenants

If you are interested in a TO&E assignment, please contact LTC Charly Hough at houghc@hoffman.armv.mil.

Assignment Opportunities for Captains

There continues to be great assignment opportunities for Company Grade Army Nurse Corps officers! The summer 01 PCS cycle identifying vulnerable officers has been sent to each chief nurses. By now, the officers that were identified for a summer move should have received notification through their chain of command. If you think you were overlooked, or have at least two years time on station and would like to be considered for a summer 01 move, please contact your chief nurse immediately so that we can begin planning your next assignment.

There are assignment opportunities at the following locations for summer 01: Fort Polk, LA, 21st CSH, Fort Hood, TX, William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, exotic Korea, Germany, and other TO&E assignments! If you are interested and meet the criteria for a PCS, please email MAJ Christine Merna at mernac@hoffman.army.mil

DEPLOYMENT OPPORTUNITIES!!! Several TO&E units are on the screen for deployment in FY 01. If you are looking for an assignment with a mobile, field unit contact MAJ Merna for more information at **mernac@hoffman.army.mil**

Smart Tips from the FRO

The **CPT AMEDD Promotion Board** will convene on 10 April 2001. If your date of rank to 1LT is 31March 2000 or earlier, you will be eligible for consideration. The Army Nurse Corps Branch will screen the board files on or about 13 – 19 March 2001. Take a moment of your time and review your ORB, microfiche and DA Photo. Make sure that they are accurate and that all three documents support each other. (i.e. Your ORB accurately reflects the award(s) on your uniform and the certificate is present on your microfiche).

- 1. Your local MILPO can assist you with ORB changes. Refer to DA Pam 640-1 if you have any questions. Send a signed BOARD ORB to AN Branch to be included in your board file. Duty titles should be specific to what you do. (Staff Nurse Ortho Ward)
- Make sure your microfiche contains OER/AERs, college transcripts and approved military education certificates, and
 documentation for any decoration awarded. Recommendation for award (DA Form 638) is not authorized on the microfiche.
 Only the certificate with order number is authorized. Unit awards without order numbers are not authorized on the microfiche,
 however; you may wear the award.
- 3. All AN officers should have a recent DA photo. Make sure that all decorations comply with the Code of Uniform. The most common mistakes are not standing straight, missing decorations or awards, unaligned decorations, and wrinkles on the uniform.
- 4. The required "thru dates" for Compete-The-Record OER will be 02 Feb 2001. Ensure that your chain of command expeditiously processes your evaluation report.
- 5. The AN Branch will contact the Department of Nursing of your facility if we find any discrepancies in your files. We will attempt to correct the deficiencies before the board day. Contact us if you need assistance that your local MILPO cannot provide and always remember that YOU ARE YOUR BEST CAREER MANAGER!



LIFE IN THE BALKANS

By the Nurses of Task Force Med Eagle (TFME) 249th General Hospital (FWD) Eagle Base, Bosnia-Herzegovina

It has been an active 124 official Operational Days for the TFME VIII Department of Nursing. For CPT Cartwright, 1LT Dudley, CPT Glenn, MAJ Graham, 1LT Hall, MAJ Hinton, 1LT Kobiela, CPT MacDougall, CPT Milam, and CPT Shackleford each day is filled with patient care, training, and opportunities to be Ambassadors of American Military Nursing. Here is the latest news from Bosnia.

Climate

As the nurses of the 249th General Hospital (FWD) finish our fourth full month at Eagle Base, we have been experiencing a Balkan Winter unlike any in recent memory. The local nationals tell us that this has been the warmest winter in 37 years. January days with the temperatures hovering around 60 degrees are ordinarily quite rare yet we see them about once a week. We received snowfalls of only 6 inches. Because the ground has yet to freeze, the snow melts very quickly. The Army has supplied us with cold weather clothing for a typical winter, but most of it remains in our footlockers. We have seen beautiful sunrises and sunsets, with crimson red skies crossing the breadth of the valley before touching the peaks of the mountains. We can only hope to continue being this fortunate in February.

Video Teleconference with Home Station

While on deployment, we have maintained a VTC link with our families at home. The TFME hospital is equipped with a private VTC area. Conference times are scheduled between TFME, Bosnia and our respective home station hospitals. Our family members contact the liaison at the 249th GH. The 249th GH then closes the loop between time zones so that everyone can link up.

Everyone looks forward to this event. Some of the children bring new toys to show their deployed parents. We also stay in touch via email. There are several computers in the TFM E hospital and at other locations on Eagle Base to allow daily communication with our families. This has been a real morale booster.

OPD

Every Thursday TFME has Officer Professional Development, during which different sections of Task Force Med Eagle and staff are assigned to present a topic. We have had several guest speakers from the 3rd Infantry Division participate. The Ordnance branch presented "Mine Awareness" and the Division Surgeon presented the "Balkan Medical Support Plan". The Chief Nurse gave a lecture on "Army Theatre Health Service Support". Some of the topics discussed, included general medical structuring within the division and above, the Mobile Army Surgical Hospital, Combat Support Hospital, General Hospital, Field Hospital, evacuation, and other medical components.

The S-2 section gave presentations on "Theatre Specific Election Information" while the S-3 provided a hands on demonstration of the Simulation Weapons Center. The Vet Corps provided a most engaging presentation on "Weapons of

Mass Destruction" [Vet style] which was a series of demonstrations presented by the military working dogs. This included a demonstration of the dogs responding to and attacking on voice commands. TFME supplied victims for these controllable chewing machines with a tail. It was an OPD that gave TFME a few laughs at the expense of a few good officers.

ANC 100th Birthday

The ANCs and 91Cs of TFME celebrated the Army Nurse Corps 100th Birthday a little early. On the evening of January 26 we gathered for a cake-cutting ceremony and reception. The Chief Nurse addressed the assembled nurses to remind all present of the nurses rich history of accomplishments from the past and present. The most senior and junior ANC officers had the honors of cutting the cake and eating the first slice as a symbol of the bond that binds all of us throughout time. After the ceremony, we celebrated the rich history of the Nurse Corps by watching So Proudly We Hail, a 1943 film about Army Nurses serving in the Pacific in World War II. Although we will miss the festivities in Washington, we enjoy representing the Army Nurse Corps in Tuzla on this solemn and pride filled occasion.



Social Events

A recurring theme with soldiers deployed to TFME is Groundhog's Day. The repetition of daily routine can be a source of frustration as well as humor. We were lucky enough to be present for the actual day itself, February 2. TFME hosted a Groundhog Party, complete with continuous viewing of Groundhog's Day in the Outpatient Clinic throughout the day. We held a Spades Card Game Tournament for participants and enjoyed snacks and, of course 'the movie', providing a twist to what would have been an otherwise routine day.

Another new addition to the TFME Social Calendar is the Punxsutawney Picture Palace; a twice a week double-feature movie night complete with popcorn in the Medical Education Tent. We are continuing to provide a wide variety of activities for the staff of the Task Force as we count down the days to redeployment.

R & R Leave

Most of us have had the opportunity to take leave in CONUS or in Central Europe. For those returning to CONUS, the

Army provided a roundtrip ticket to the airport nearest their home of record. LT Dudley surprised her family when she showed up on the front doorstep for Christmas. The road home has many stops. Soldiers leave Eagle Base on either a C-130 or a bus to Ramstein AB, Germany. Those who ride the bus have the opportunity to experience the European countryside....for 24 hours. Upon arrival at Ramstein, a quick 90-minute bus ride to Rein Mein AB in Frankfurt gets you to your overnight quarters at the 64th Replacement Company. Many of us had a day to experience Frankfurt, which was beautiful during the holiday season, when its main street becomes a holiday market. None of the nurses have had any

difficulty with travel arrangements thus far, and all have had a

EMT/91W Transition Program

good time.

Our second Emergency Medical Technician - Basic [EMT-B] Course recently took their National Registry Exam. To date, we have graduated 28 students from our EMT - B Course. We incorporated an air of realism to the program by coordinating our training with that of the local Fire Department. The students now practice extricating patients from wrecked vehicles while the firefighters use their extrication equipment to gain access to the mock patients. This hands-on training took place at the nearby Comanche Base. It was such a success that we are planning to offer it again during our final EMT-B Course in February.



Uniform Exchange

As we complete the 2/3's point of this deployment we have the opportunity to turn in two sets of worn, unserviceable BDU uniforms and a pair of boots for replacement. The S-4 office rapidly fills with stacks of old, faded BDUs and boots with very thin soles.

PERSCOM Visit

During the first week of February, we will receive a visit from PERSCOM. Representatives from AN, MC, and MS branches will spend three days with us to discuss various career issues and options. We look forward to the chance to show them around Eagle Base and receive an update on opportunities and requirements.

International Patient Care

The spirit of international cooperation and friendship is alive and well in Task Force Med Eagle. At Eagle Base, the nurses meet and provide patient care to soldiers from many different nations. At any given time, there are soldiers representing 16 nations present on post. During the last week of January, the EMT section cared for soldiers from France, Russia and Denmark. Russian physicians are frequent attendees at our Saturday morning CME lectures. Danish nurses attend our Wednesday Nursing CEU presentation. Visiting Dutch and Czech nurses from the Internationally staffed hospital in Sipovo, Bosnia stayed for a week to learn and compare methods and equipment, and to build friendships as well.



Hospital Renovations

The month of January saw a roof with sheltered lighting built over the ramp from the helipads to the EMT section. Previously, the ramp had become very slick due to morning frost or rain. Adhesive backed non-skid material was placed on the ramp soon after our arrival, but it began to peel from the ramp when the first helicopter landed. It soon created a tripping hazard and was remo ved. The new roof should make the ramp considerably safer.

In the OR suites, MAJ Graham has overseen the installation of new overhead lighting. During the installation phase, the trauma room in the EMT section served as a backup surgical suite while the lighting was replaced in one OR at a time.



Obstetric Nursing Consultant LTC Ramona Fiorey

Welcome to a new year! I hope for all of you that it is one of prosperity, health and productivity. One of the areas that all OB sections will be making changes in this year is the Neonatal Resuscitation Course. The new guidelines put into effect last fall must be instituted during the next six months. Although the changes aren't pervasive, they do have a significant impact on the administration of the course. The OB/GYN Course instructors taught the course under the new guidelines for the first time this month and learned several lessons which may be helpful to other instructors as they initiate the course changes. Based on the lessons learned, the following actions/considerations may be helpful:

- 1. All instructors should have some update on the new guidelines and carefully go through the new textbook and CD ROM prior to teaching the course. The basic algorithm has changed in a fundamental way, and instructors teaching the medication component need to practice umbilical vein cannulation if they have not had practical experience.
- 2. Essentially two new lessons have been added to the course. There is a seventh lesson on special considerations of resuscitative care and the medication lesson now requires learners to complete a performance checklist that includes drawing up epinephrine and cannulating an umbilical vein. These are time consuming activities. The medication performance required approximately 90 minutes for 13 learners to complete. The seventh lesson required an additional 40 minutes of lecture time. With these added requirements, it is very difficult to complete the course in one day and do an adequate job of teaching/learning.
- 3. Additional equipment/supplies are needed to give the course due to the medication performance requirements. Some of the equipment is not reusable (umbilical vein catheters or feeding tubes, personal protective gear and any materials used in conjunction with umbilical vein cannulation of human umbilical cords) and will require replenishment for each course. Preparation of the umbilical cords for cannulation should begin several days before the course so that they can be collected from labor and delivery and prepared ahead of time for the course. An alternative to the use of human umbilical cords is utilization of infant manikins which have umbilical vessels. Although the models incur an initial expenditure of about \$350 each, the issues related to use of human umbilical cords are avoided. Surgical instrumentation is also required for this lesson (hemostats, scissors and a knife blade). These need be obtained from CMS. Expired bristojets of epinephrine and minibags of normal saline can be obtained from the pharmacy, but this needs to be initiated prior to the course. The OB Course instructors found that a multi-drawer rolling cabinet could contain all the equipment required for the course and increased efficiency of moving equipment from place to place.
- 4. Consideration should be given to an agreement between instructors of the course and the OB units, particularly labor and delivery, for saving opened, unused drapes, ET tubes, umbilical catheters, feeding tubes, etc. to replenish teaching supplies for the course, particularly if the course is given by

instructors outside the OB/GYN Department. A similar arrangement with the pharmacy should also be considered.

Students and instructors who participated in this first course under the new guidelines felt it was a good course and that the changes were an improvement. Instructors at the OB Course will be happy to share our experience with any NRP instructors who are preparing to give the revised course. We can be reached at (808) 433-6010/2546 or via email at ramona.m.fiorey@haw.tamc.amedd.army.mil / mary.k.carson@haw.tamc.amedd.army.mil.

The web page for the OB/GYN Nursing Course is up. It provides a variety of information, including the mission, admission/eligibility requirements for the course, dates of future courses, administrative facts, and a sample of the curriculum schedule. It also provides links to a number of other sites that are of interest to OB/GYN nurses. The address is http://www.tamc.amedd.army.mil/residency/mchk-he/obgynnurse.htm. Please take a few minutes to visit the site. If you have comments or questions about the information, there is an email link to the OB Course on the web page.

As the Director of the OB/GYN Course, I have had several requests regarding the On-The-Job Training Program for OB nursing. Another project that has been long in development is the OB/GYN Competency Validation Program. This program is designed to replace the old OJT Program that enabled ANC officers to acquire the G specialty skill identifier. We hope to have this program available in designated facilities by the summer of this year. Stay tuned for developments.

There is a great internet education site for perinatal nurses. The Mederesources site offers excellent articles written by subject matter experts, is very easy to use, is relatively inexpensive, and allows learners to print completion certificates immediately after the post exam is completed on the site. The address is www.mededresources.com. For those who are seeking ways to provide high caliber staff education for breastfeeding support, the Center for Breastfeeding, a nationally acclaimed organization, offers the Lactation Counselor Certificate Training Program (C.L.C.) at various locations around the country. The five-day C.L.C. Course includes comprehensive breastfeeding management training. practical skills, and timesaving strategies for hospital-based staff. Participants who complete the course and pass a written exam acquire Lactation Counselor status through the Center and 42 contact hours. The course will be held in Tacoma, WA February 26-March 2 and in Augusta, GA May 7-11. For additional information, log on to the website at http://www.aboutus.com.

On another note, it is important to remember that as Army officers we not only must develop as professional nurses but also as military officers. Two reference books that may be of value to nurses going to OAC, CAS3 or CGSOC are The Operations and Training SMART Book (guide to operations and the Battlefield Operating System) and the Battle Staff (step by step visual guide to military decision making and tactical operations). They are available at www.TheLightningPress.com at a cost of about \$30 each.

I'm sure that anyone who struggled through CASC and CGSOC without the benefit of having experience in a line unit, would encourage taking advantage of any beneficial resource!

Finally, the OB/GYN Nursing Consultant Survey went out to all MTFs who have OB/GYN services in early January. I have received a couple so far and am looking forward to receiving the rest by the end of February. I know all of you have many demands, but I think the data that these surveys will provide will benefit all of us. Please take a few minutes to complete the surveys and email them to the address at the end of the survey.

Women's Health Nursing Consultant COL Laurie Davis

An article that all Women's Health nurses should have in their files is, "Midwifery care, social and medical risk factors, and birth outcomes in the USA" by Marian MacDorman and Gopal Singh in the Journal of Epidemiology Community Health 1998; 52:310-317. The study objective was to determine if significant differences in birth outcomes and infant survival existed, after controlling for multiple sociodemographic and medical risk factors, between CNMs and physicians delivered patients. The author's sampled data from the national linked birth/infant death data set for 1991 and included 100% of the CNM delivered births (153,194) and 25% of physician delivered births (686,644). Criteria for inclusion included singleton, vaginal deliveries between the weeks of 35-43. Logistical regression and Ordinary least squares regression models were used to examine differences in infant, neonatal, and postneonatal mortality, risk of low birthweight and mean birthweight after controlling for multiple social and medical risk factors. The findings included that the CNM group had a 19% lower infant death rate, 33% lower neonatal mortality rate and a 31% decreased risk of delivering a low birthweight infant. Higher sociodemographic risks (black women, American Indians, teenagers, women with three or more previous births, unmarried women, those with less than a high school education and those with late or no prenatal care) and some higher medical risks (precipitous labor and premature rupture of membranes) were associated with CNM patient population while other medical risks (abruptio placenta, breech/malpresentation, and fetal distress) were higher in the physician delivered population. This is one more solid piece of evidence validating our contribution.

It has been brought to my attention that several student CNMs are having difficulty in securing adequate sites for clinical rotations. I strongly recommend that all potential applicants prior to signing on with any learning institute carefully check out the details of the training offered-both didactic and clinical. The military has many unique needs required of their clinicians and a large number of schools are not able to offer the necessary training. All CNMs must have intensive surgical skill training (sterile techniques to first assist) along with a broad base for primary care management of the female patient. If you have any questions or concerns, please feel free

to contact either PERSCOM or myself before any agreement to attend is finalized.

Once again, don't forget the upcoming ACNM conference in June being held in Washington DC and the upcoming AWHONN conference in Portsmouth, Virginia, October 28-31, 2001. Contact CAPT Margaret Ann Connors at (757) 953-4362 ormaconnors@mar.med.navy.mil with questions.

The military women's health arena continues to work on multiple cutting edge issues to include: a Women's Health Clinical Information System which promises to revolutionize the way we do business by integrating ambulatory and inpatient care for our female beneficiaries; the implementation of Liquid based cytology and HPV reflex testing; and development of a low risk obstetrical Clinical Practice Guideline and many other projects out of CHPPM. Right now the low risk CPG PAT is gathering the research supporting our current practices; the findings should prove very interesting. Dr. Michael Bell's lactation study (mentioned in the last newsletter) is scheduled for the Clinical Investigation Committee at WRAMC this month and I wish him much luck. Dewitt Army Community Hospital, National Naval Medical Center, Malcolm Grow AF Medical Center, DEAMC, MAMC and USUHS all plan to participate in this study which looks at the issues of active duty women and breastfeeding.

There is a new 6 part Obstetrical form out replacing the old SF533. You can order this by stock # 7540-00-634-4276 by calling 1-800-525-8027 or 1-800-488-3111.

Have a grateful day and enjoy every minute!

Psychiatric Nurse Consultant LTC Dorothy Anderson

Landstuhl Regional Medical Center (LRMC) Validates Efficacy of Care Given to Patients on Inpatient Psychiatric Ward (1999 Study)

There have been many research articles written on the managed care system and the effects of early discharges with newborns, cardiac patients, and intensive care patients. However, there is a paucity of research on the effect of early discharge on the functioning level of psychiatric patients.

Currently, readmission rates, length of stay and patient surveys are indicators that treatment provided on inpatient wards is effective. There is a need to measure the efficacy of treatment on the functioning level of patients discharged from inpatient psychiatric wards.

The goal of military inpatient psychiatric units is to return active duty soldiers to duty at an appropriate level of functioning to carry on their military missions. The goal for family members is to return them to home at an appropriate level of functioning. The military family member is integral to maintaining military readiness. The family member's ability to function at an appropriate level directly effects the

active duty service member's ability to perform his or her mission.

A retrospective record review of 5% (32) of inpatient psychiatric patients diagnosed with major depression between January 1998 and January 1999 at LRMC was completed. The charts were chosen by random selection from the charts identified with a diagnosis of major depression. The Global Assessment Scale (GAS) was used to evaluate the functioning level based on the admission assessment and on assessment at discharge.

The GAS, developed by Endicott, Spitzer, Fleiss, and Cohen (1976). The aim of the GAS is to evaluate the overall functioning of subjects during a specified time period on a continuum from psychiatric sickness to health. The GAS is highly effective in detecting change. It is a single rating scale with values ranging from 1, which represents the psychologically sickest individual to 100 which represents the psychologically healthiest. It is divided into ten equal intervals from 1 to 10, 11 to 20 up to 91 to 100. The intervals are defined based on a patient's symptoms, behaviors and characteristics. For example, the two highest intervals from 81 to 90 and 91 to 100 represent patients who are without significant psychopathology. The interval from 71 to 80 is for patients with minimal psychopathology.

GAS scores were assigned to each patient on admission and at discharge. The ratings obtained from the GAS reflected generally positive change over time. Ninety percent of the patients were admitted with a score below 50. One hundred percent of the patients were discharged with a score greater than 51. The patients had a mean score of 32.34 on admission and a mean score of 71.25 upon discharge. The average patient's GAS score increased by 30.8 points during their stay on the inpatient unit.

Based on this retrospective descriptive study, patients diagnosed with major depression in LRMC are being discharged to home or to duty at an appropriate level of functioning. However, due to sample size the results of this study cannot be generalized to other military treatment facilities. More research studies with larger patient populations are needed. A prospective research study with a more stringent scientific design is recommended. It is further recommended that research on this subject be conducted at both medical centers as well as military community hospitals. Research was conducted by MAJ Peter Gerepka, AN, Head Nurse Inpatient Psychiatry and CPT Charline Gerepka, AN, Utilization Management Coordinator

Nursing Quality Management Consultant COL Judy Powers

The Institute of Healthcare Improvement (IHI) Collaborative Improving Safety in High Hazard Areas

The Institute of Healthcare Improvement (IHI) is a not-for profit organization established in 1991 to help lead the

improvement of health care systems to continuously increase their quality and value. In 1995, IHI, under the leadership of Donald M. Berwick, MD, President and CEO, developed the Breakthrough Series (BTS) methodology to bring together multiple health care organizations that share a commitment to making major, rapid changes in a specific clinical or operational area.

The goal of a BTS Collaborative is to identify and change faulty systems which make errors more likely to occur or more difficult to detect before they cause harm. Effective error prevention requires system redesign. Under the guidance of selected content and process national experts, team member's study, test, and implement proven best practices to produce rapid improvements in their organizations. By harnessing the collective wisdom of participants, a BTS Collaborative provides the necessary clinical, technical, and social support needed to facilitate healthcare organizations to make dramatic improvements. The model also uses knowledge from error theory to create a culture of safety that encourages learning, openness and creativity in the collaborative redesign effort.

The Improving Safety in High Hazard Areas Collaborative includes 42 teams from the Veterans Healthcare Administration, the Department of Defense, the Agency for Health Care Quality and Research, the Healthcare Financing Administration and the Federal Drug Administration. The high hazard area settings included in this Collaborative are the Emergency Department (ER), the Intensive Care Unit (ICU), the Operating Room (OR), and Labor and Delivery (L&D). The AMEDD is sponsoring and funding 4 clinical teams (2) each evaluating ICU and L&D practice) and one Administrative team. Participating teams and their area of focus include: (1) ICU - Walter Reed Army Medical Center (WRAMC) and Tripler Army Medical Center (TAMC); and (2) L&D - Womack Army Medical Center (WAMC) and Landsthul Army Medical Center (LARMC). The USA MEDCOM is sponsoring the Administrative Team with participation from Health Policy & Services, Quality Management, AMEDD C&S and OB/GYN and ICU physician consultant representatives.

The long-range goal of this Collaborative is to create systems of care with dramatically fewer errors and reduced harm in these high hazard areas. The Collaborative takes a preventive approach, which includes preventing errors before they begin, as well as identifying and mitigating errors before they harm patients.

The BTS methodology is built on the belief that organizations working together for seven to nine months, learning the latest scientific information available on the specific areas under study, and finding practical and effective means to put that knowledge into practice, can achieve breakthrough results. Organizations work on many different aspects of the topic under study and set stretch goals for their work over the seven to nine month period.

Organizations in the BTS use the Plan-Do-Study-Act (PDSA) cycle to test and implement changes in real work settings. The PDSA cycle is a simple yet powerful model for accelerating

improvement. The Model is not meant to replace the change models organizations may already be using, but rather to accelerate improvement.

The PDSA Model for Improvement is based on a trial-and-learning approach to improvement. The PDSA cycle facilitates testing a change - by trying it, observing the consequences, and then learning from those consequences. The completion of each PDSA cycle leads directly to the start of the next cycle. A team learns from the test (What worked and what didn't work? What should be kept, changed or abandoned?) and uses this new knowledge to plan the next test. The team continues to link PDSA cycles and refining the change, until the change is ready for broader implementation.

The BTS includes three Learning Sessions where all teams participating in the Collaborative come together to learn from clinical experts and each other as they share their results. To date the BTS teams have participated in two Learning Sessions. At these sessions teams have learned about safety change concepts, the culture of safety, the PDSA Model for Improvement, leaders role in spreading improvements throughout the organization, teamwork and synergy, effective communication techniques and measurement strategies.

The time between Learning Sessions is called an Action Period. During Action Periods, team members implement concepts and ideas acquired at the Learning Session by conducting small-scale tests of change using the PDSA cycle in their every day practice. Collaborative participants work within their organizations towards major breakthrough improvements. Although each participant focuses on their own organization, they remain in continuous contact with other Collaborative participants and faculty. Communication during the Action Periods takes the form of conference calls, e-mail, and occasionally, site visits to other institutions in the Collaborative. In addition, each organization provides monthly reports to IHI on their improvement efforts in order to share results. Participation in Action Period activities is not limited to learning session participants. In fact, IHI recommends and encourages participation of staff that are not core team members in the Action Period activities. So, if your organization's ICU or L&D units are participating in this initiative talk to the Team members to see how you can participate and assist in their safety improvements!

Our four participating clinical teams have dedicated an enormous amount of personal, as well as, clinical time to facilitate this initiative. Their absolute commitment to patient safety has resulted in them already attaining significant progress toward achieving established aims! A few examples of clinical team aims include: reduce blood labeling errors by 50%; improve decision to incision time to meet ACOG 30 minute standard; reduce errors in MgSO4 administration by 50%; decrease postpartum hemorrhage by 30%; decrease ventilator associated complications by 30%,

Next month's Newsletter will highlight many of the Clinical Teams specific successes, as well as, the Administrative Team's strategies to "spread" many of the identified best practice safety innovations throughout the AMEDD! If you

have any questions please feel free to contact me at (210) 221-

6622 or by e-mail at Judith. Powers @ amedd.armv.mil. And. let's always Make the Best Way the Safest Way!





CPT Michael Schlicher, BAMC ICU course instructor, has had an article accepted for publication:

The title of the article is: "Liquid Ventilation: A Critical Care

Nurse's Guide to a Breath of Fresh Liquid."

Journal: Critical Care Nurse

Estimated publication date: Summer 2001

In 1997, the staff at Landstuhl Regional Medical Center's Post-Anesthesia Care Unit (PACU) sought an opportunity to improve patient care through patient teaching. It was observed by many that the pediatric patients that were seen post-operatively were at times uncontrollable and the parents' anxiety added to the difficulties. The children did not understand the blow-by oxygen or the pulse oximeter that glowed on the end of their finger. A Quality Improvement initiative was begun to try and diminish the anxiety and fear on the part of the children and their parents. Prior to this, the parents and children watched a video during their preoperative work-up. However, the children were not interested and the parents spent their time trying to keep up with the children. The program introduced the children and their parents, one at a time, to the equipment and atmosphere of the PACU as part of their pre-op process. Children could actually touch the blow-by and relate the pulse oximeter to the movie E.T. or as a device that allowed them to "draw" on the TV screen by wiggling their finger. We were also able to introduce the pain scale and relate it to something they could understand which resulted in an improvement in pain scale verbalization after surgery. Both the children and their parents were able to ask their questions to someone who actually worked in the area and at least one staff member was able to make contact with them to establish a "friendly face". The program also allowed the PACU to identify any special needs that the parents or children might have. One such instance was a family who had lost a young child previously to SIDS and was unusually anxious about the surgery. Extra measures could then be taken to assist the parents through this process such as explanation being reinforced and inquiring if the chaplain could wait with them on the day of surgery. The program was a success in both the eyes of the staff and the

ARMY NURSE CORPS NEWSLETTER FEBRUARY 2001

parents, so much so that it was presented in a cultural exchange with nurses in Germany.

LTG Blanck visited the hospital and was introduced to the program. He suggested it would be appropriate for other facilities in the AMEDD. The program was placed on videotape by VICE Media to allow PACUs throughout the AMEDD to access the information on how to start their own pediatric pre-op program. This video is approximately 8 minutes long and is now available through the DAVIS system. The video is meant only to teach your staff how to pre-op a pediatric patient. This is NOT intended to be shown to patients.

To order the video, go to the Defense Visual Information website at http://dodimagery.afis.osd.mil/. Access the Defense Automated Visual Information System (DAVIS) on the site. The title of the video is Landstuhl Regional Medical Center, Pediatric Pre-op Program. The PIN number for easier location of the video is 711408. You may access the video by the title or the PIN number and then add it to your shopping cart. If only 1 copy of the video is requested, there is no cost to obtain it and it will be sent to your facility.

POC is CPT Gayla Wilson at billgayla@earthlink.net

Annually, the Army Nurse Corps Association (ANCA), formerly known as RANCA, recognizes the accomplishments of an Army Nurse Corps officer by awarding the Advanced Military Practice Award. The award honors a middle-range officer who has made significant contributions to the practice of nursing during the previous two years. This year's slate of 12 nominees was particularly impressive and all nominees were highly competitive. The nominees were: MAJ Jeffrey Ashley, TAMC; MAJ Debora Cox, OTSG; LTC Angelia Durrance, TAMC; LTC Nancy Hughes, DACH; MAJ Elizabeth McGraw, USAREC; MAJ Danilo Motas, Fort Greely, AK; MAJ Kathy Prue-Owens, TAMC; MAJ Suzanne Richardson, KACC; LTC Laura Rogers, BAMC; LTC Diana Ruzicka, McDonald ACH; MAJ Bruce Schoneboom, TAMC; and, MAJ Karen Whitman, WRAMC. This year's recipient is LTC Laura Rogers.

LTC Rogers is Head Nurse of the Emergency Department, Brooke Army Medical Center. She also serves as the Emergency Nursing Consultant to The Surgeon General and is a member of the Texas Trauma Consortium for the San Antonio Region. LTC Rogers has contributed to the advancement of nursing practice in both the military and civilian sectors through her involvement in multiple education and training programs, by conducting a clinical specialty analysis that defined Emergency Nursing core competencies, and by conducting and participating in clinical research programs. She truly earned this prestigious award.

4th ANNUAL TRI-SERVICE PERIOPERATIVE NURSE SYMPOSIUM

(AKA – The O.R. Nurse Round Up)
<u>"THREE UNIFORMS, ONE GOAL"</u>

10 March 2001 Texas Lil's Dude Ranch **Justin, Texas 76247**

Wanna know how much fun we're gonna have? Visit their website at: http://www.texaslils.com/index.htm

As we step into the new millennium and look to what is ahead, the Tri-Service Perioperative Nurse Symposium is no different. The color of our uniform does not matter as much as the mission we perform. In keeping with that idea, we will not be in military uniform this year, rather, we will join together in the denim "uniform" of the old west. Army, Navy or Air Force, we all share a common goal: to provide the best Perioperative Nursing care possible to the Armed Forces of the United States. You don't want to miss this exciting event! Numerous sessions throughout the day will address clinical and military topics, as well as service specific issues.

The Famous Texas Lil's will host our event. There will be a Continental Breakfast, Beef/Chicken Fajita Buffet, and snacks. The \$100 registration fee will include the continental breakfast, lunch buffet, snacks, course notebook, CEU certificates, and transportation to and from the ranch.

There will be an optional evening social at the ranch after the symposium. What an extraordinary opportunity to network with your fellow military nurses. The social **will include a BBQ dinner and Texas style entertainment. This promises to be the highlight of your week in Dallas – don't miss it!!** The cost of the social is \$50 and is separate from the symposium registration fee.

Please be sure to include your home address and telephone number in case we need to contact you with any changes to the program. **Reservations must be received no later than 16 February 2001.** Bus departure for Texas Lil's will begin at 0700 and the opening session will begin at 0900 promptly on 10 March 2001.

Come on out and enjoy a day of camaraderie and friendship with your fellow military perioperative nurses. Please direct all questions or concerns to the appropriate individual below. See you there!

United States Army	United States Navy	United States Air Force
LTC Julia Adams MAJ Larry Crozier	LCDR Cynthia Joyner LT Dennis Glover	MAJ Patrick Fleming MAJ Irma McNamee
DSN 738-8500/8575 COM (254) 288-8500/8575	COM (757) 953-3300	DSN 554-7467/6863 COM (210) 292-7467/6863
Julia.Adams@AMEDD.ARMY.MIL Lawrence.Crozier@AMEDD.ARMY.MIL	crjoyner@mar.med.navy.mil deglover@mar.med.navy.mil	Patrick.Fleming@59MDW.WHMC.AF.mil Irma.McNamee@59MDW.WHMC.AF.mil

4th Annual Tri-Service Perioperative Nurse Symposium

Registration Form



Texas Lil's Dude Ranch 10 MARCH 2001

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Name/Rank/Branch:		
Home Address:	\\d	
Home Phone Number:	.30	
Unit Address:		1000 m
Unit Phone Number: DSN	Commercial	4
COST: Symposium\$100		
Social \$50		
Total \$150	Amount analogad	

Make checks payable to: Henry M. Jackson Foundation

(Include the following account # based on service branch. Navy: 5469-02; Army: 5469-03; Air Force: 5469-04) Payment must accompany the registration form.

Mail form and payment to: Henry M. Jackson Foundation for the Advancement of Military Medicine 1401 Rockville Pike, Suite 600 Rockville, MD 20852-1428

CALL FOR ABSTRACTS

2001 AMSUS - ''Relevant and Reasonable: The Future of Federal Healthcare''

NAVY NURSE CORPS SYMPOSIUM 7 November 2001, San Antonio, TX

Purpose: This program is designed to provide Nurse Corps Officers an opportunity to explore the trends and challenges encountered in a dynamic health care environment. This symposium will serve as a forum for discussion of professional, leadership, educational, operational, and research issues that impact military nursing practice.

Symposium Goals: At the conclusion of the symposium, the Navy Nurse Corps Officer will be able to:

- Foster discussion of innovative/best practices of the past, present, and future related to clinical practice, leadership, education, operational nursing, and research issues that impact military nursing practice.
- Facilitate professional networking and collaboration.
- Celebrate the history and diversity of the Navy Nurse Corps.
- Identify significant research findings that enrich the body of nursing knowledge for future practice.

The Planning Committee invites you to submit abstracts for <u>oral presentations</u> for the 2001 Symposium. Applications must be received by *31 March 2001*. Below are some <u>examples</u> of topics:

Leadership/Management	Put Prevention into Practice
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Clinical Practice Issues	Multidisciplinary Approach to Care
Educational Technology	Smoking Cessation
Educational Assessment	Case Management
Technology Assessment	Right Spirit
Current Trends in Informatics	Family Violence
Legal/Risk Management Issues	Patient Education Issues
Distance Learning	Career Management
Telemedicine	Health Care Policy
Clinical Pathways	Basic Budget and Finance for Nurses Managers
Deployment/Hospital Ship Experiences	Managed Care Trends
Alternative Therapies	Setting Up a Nursing Research Project
Developing Presentations/Presentation Skills	Negotiation and Mediation
Research Based Practice	Technology Then and Now
Clinical Pathways	

2001 AMSUS NAVY NURSE CORPS SYMPOSIUM

"Relevant and Reasonable: The Future of Federal Healthcare" PRESENTER APPLICATION FORM

Name: DutyStation/F	ame: Grade/Rank: utyStation/Present Employer: failing Address:			
Telephone : W	ork: ()	Home: ()	Email:	
	Status:		Branch of Service/ Fed	leral Agency:
	o Active Duty	o RN	o Army	o Public Health
	o Civilian	o Physician	o Air Force	o Veterans Administration
	o Reservist	o Other	o Navy	o Other

Present Position/Title:

Educational Background (Highest Degree Held)

Certifications:

Subject you wish to present:

Presentation Title:

In 75 words or less, describe your subject; include how it relates to the symposium theme. Attach an additional sheet if needed.

List one or two learning objectives for your topic (What will the participants be able to do after attending your presentation?):

Describe the target audience:	The expected knowledge or level of expertise:
o Administrators/Managers	o Novice
o Clinicians	o Intermediate
o Educators	o Advanced
o Researchers	
o Operational Nurses	

Presentations are limited to 50 minutes. Please plan accordingly.

PLEASE NOTE

- Each presentation will be presented twice (during each concurrent session period)
- This form may be duplicated.
- Multiple presentations may be submitted for consideration. Each must contain a separate application form.
- Selected presenters will receive further instructions and guidelines.
- Selectees are responsible for all expenses associated with attending. Military participants should request funding from their parent commands.
- Fax, mail or email submissions to:

CAPT Nancy F. Maggi, NC, USNR

Bureau of Medicine and Surgery (MED-00NCBR)

2300 E Street NW

Washington, DC 20372-5300

Comm: 1-800-227-7921; (202) 762-3042 DSN: 762-3042 Fax: (202) 762-3727 Email: NFMAGGI@US.MED.NAVY.MIL For additional information contact: CAPT Maggi

TriService Nursing Research Program

Request for Applications

Release Date: 8 February 2001

Application Receipt Date: 3 April 2001

PURPOSE

The TriService Nursing Research Program (TSNRP) announces the release of a Request for Applications (RFA) to stimulate innovative research related to military nursing recruitment and retention. Nursing recruitment and retention, including its barriers and facilitators (e.g., job satisfaction, workload demand, leadership development, autonomy, etc.), has been well studied and much information is available in the literature. Therefore, appropriate responses to this RFA would include creative approaches *utilizing what is already known* about recruitment and retention, and applying that knowledge in a military environment. Highest priority will be given to projects that:

- (1) Systematically analyze existing military databases related to military nursing retention issues;
- (2) Utilize innovative methodology that synthesizes existing recruitment and/or retention knowledge as it applies to military nursing;
- (3) Develop and test novel interventions that improve military nursing recruitment;
- (4) Develop and test novel interventions that improve military nursing retention; and
- (5) Conduct a pilot study assessing site-specific retention issues in anticipation of an intervention study.

A successful proposal would develop and test novel interventions with the purpose of improving the retention and recruitment rate of military nurses. The intention of TSNRP is the support of a creative project that will meet service needs as well as stimulate future projects.

ELIGIBILITY REQUIREMENTS

All Active Duty, Reserve and National Guard nurses from the military services are eligible to apply in response to this RFA. Retired Nurse Corps officers are eligible to apply provided an Active Duty, Reserve, or National Guard Nurse Corps officer is included as a substantially contributing member of the research team. When the retired Service member includes a junior investigator on the application, a detailed mentoring objective must be included in the main body of the research plan. In addition, a description of how the retired service member plans to mentor the junior investigator should be provided in the personnel section. Please note that the TSNRP encourages applications from junior investigators.

AWARD CATEGORIES

TSNRP offers five funding categories for this RFA: 1-year, 2-year, 3-year, pilot project award, and dissertation award.

Category	Award
1-, 2-, 3- Year Award	Up to \$450,000 total costs (direct plus indirect)
Pilot Project Award	Up to \$30,000 in direct costs to support a 1-year study to provide preliminary data to support the development of future projects.
Dissertation Award	Up to \$20,000 in direct costs to support dissertation project.

The exact amount of funding awarded to individual grants will depend on the scientific merits of applications and the availability of funds. This RFA is a one-time solicitation. The responsibility of planning, directing, and executing the proposal will be solely that of the applicant. The anticipated award date is **1 July 2001**.

PROCEDURES

Proposal applications must be submitted on Public Health Service (PHS) 398 forms (revised 4/98). Page limitation for the Research Plan is 25 pages and will be strictly enforced. All forms may be downloaded from the TSNRP web site: http://www.usuhs.mil/tsnrp.

Applicants must submit a complete application which includes: (1) a signed original of PHS 398 form with supplemental TSNRP forms (the TSNRP cover sheet and Military Relevance page may also be found on the TSNRP website) and appendices; (2) two copies of the entire original (this includes the appendices); and (3) one electronic copy of the application (does not need to include the appendices). The electronic copy in either Microsoft Word or WordPerfect may be on diskette or sent by e-mail to tsnrp@usuhs.mil.

The **original, two (2) copies,** and the **electronic copy** must be submitted to the following address by 5 p.m. (EST), 3 April 2001

LtCol Diep N. Duong, USAF, NC Director TriService Nursing Research Program Uniformed Services University of the Health Sciences 4301 Jones Bridge Road, Bldg. A, Room UP002 Bethesda, MD 20814-4799

Late Applications

Complete applications that are not received by the stated deadline date are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

To assist with review, TSNRP would appreciate a letter of intent (LOI) to apply for this RFA emailed to tsnrp@usuhs.mil by 13 March 2001. The LOI form may be downloaded from the TSNRP web site: http://www.usuhs.mil/tsnrp.

Receipt and Review Schedule

Letter of Intent to Submit
Application Deadline Date
Scientific Review Date
Programmatic Review Date
Executive Board Approval
Earliest Start Date

13 March 2001
May 2001
Jun 2001
June 2001
1 Jul 2001

REVIEW PROCESS

Upon receipt, the applications will be reviewed for completeness. Incomplete applications will be returned to the applicant without funding consideration. Complete applications will be evaluated through TSNRP's customary review process, which is based on a two-tiered review.

Scientific merit review, the first tier, is a criterion-based process in which individual proposals are evaluated for scientific and technical merit without regard to the other proposals under consideration.

The second tier, programmatic review is a comparison-based process in which proposals compete in a common pool. Proposals will be judged on their contribution to meet the intent of this RFA.

Based on programmatic recommendations, the respective Corps Chief and Directors of the Army, Navy and Air Force Nurse Corps make the final funding decision.

TriService Nursing Research Program

Request for Applications

Release Date: 8 February 2001

Application Receipt Date: 3 April 2001

PURPOSE

The TriService Nursing Research Program (TSNRP) announces the release of a Request for Applications (RFA) to stimulate innovative research related to the health of service members in the period surrounding deployment. Appropriate responses to this RFA would include systematic approaches to investigate in the following areas:

- (6) Pre deployment health readiness;
- (7) Health promotion and maintenance in an austere environments;
- (8) Transporting and caring for patients in unique and demanding environments;
- (9) Health surveillance and environmental monitoring; and
- (10) Post deployment recovery, reintegration, and adjustment.

Deployment environments/scenarios include:

- (1) Patient transport;
- (2) High and low intensity conflicts;
- (3) Military Operations Other Than War MOOTW (humanitarian, disaster, peacekeeping, and peace enforcing missions);
- (4) Contingency operations; and
- (5) Simulation of the above environments for training purposes.

A successful proposal will identify and describe an innovative project with application to deployment health. The intention of TSNRP is the support of an innovative project that will stimulate future projects.

ELIGIBILITY REQUIREMENTS

All Active Duty, Reserve and National Guard nurses from the military services are eligible to apply in response to this RFA. Retired Nurse Corps officers are eligible to apply provided an Active Duty, Reserve, or National Guard Nurse Corps officer is included as a substantially contributing member of the research team. When the retired Service member includes a junior investigator on the application, a detailed mentoring objective must be included in the main body of the research plan. In addition, a description of how the retired service member plans to mentor the junior investigator should be provided in the personnel section. Please note that the TSNRP encourages applications from junior investigators.

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Award of grants to this RFA is contingent upon the receipt of both sufficiently meritorious applications and funds for this purpose. The exact amount of funding awarded to individual grants will depend on the quality of applications and the availability of funds. This RFA is a one-time solicitation. The responsibility of planning, direction and execution of the proposal will be solely that of the applicant. The anticipated award date is **1 July 2001**.

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